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**EXECUTIVE COUNCIL**

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**27 June – 1 July 2017**

**Addis Ababa, ETHIOPIA**

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**REPORT OF THE 2<sup>ND</sup> MEETING OF THE SPECIALIZED  
TECHNICAL COMMITTEE ON HEALTH, POPULATION  
AND DRUG CONTROL (STC-HPDC-2)  
20 – 24 MARCH 2017, ADDIS ABABA, ETHIOPIA**

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**SECOND MEETING OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH, POPULATION  
AND DRUG CONTROL (STC-HPDC-2)  
ADDIS ABABA, ETHIOPIA  
23-24 MARCH 2017**

**STC-HPDC-2/MIN/RPT**

***Theme: “Youth, Health and Development: Overcoming the Challenges towards  
Harnessing the Demographic Dividend”***

**REPORT OF THE MINISTERS’ MEETING**

## REPORT OF THE MINISTERS' MEETING

### INTRODUCTION

1. The Ministers' Meeting of the Second African Union Specialized Technical Committee Meeting on Health, Population and Drug Control (STC-HPDC-2) was held in Addis Ababa, Ethiopia from 23-24 March 2017. The theme of the meeting was "Youth, Health and Development: Overcoming the Challenges towards Harnessing the Demographic Dividend". 2. The meeting discussed critical issues related to the theme along the three sectors of the STC.

### ATTENDANCE

2. The meeting was attended by delegates from the following AU Member States: Algeria, Angola, Burkina Faso, Cameroon, Chad, Comoros, Congo, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, The Gambia, The Republic of Guinea, Kenya, Lesotho, Mali, Mauritania, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Sahrawi Arab Democratic Republic, Senegal, Sierra Leone, South Africa, The Sudan, South Sudan, Swaziland, United Republic of Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.

3. In addition, AU Organs, The Economic Community of West African States (ECOWAS), UN Agencies, Inter-Governmental and Non-Governmental Organizations and cooperating partners were represented.

### AGENDA ITEM 1: OPENING

4. The Ministers were welcomed by the outgoing Chairperson of the STC-HPDC-1, Hon. Deputy Minister Hendrietta Bogopane-Zulu from South Africa. She congratulated the new Commissioner for Social Affairs on her election and wished her wisdom in providing leadership to the Department of Social Affairs. She thanked Member States for their support and highlighted some of the achievements of the Bureau.

5. The opening statement of the Commissioner for Social Affairs, H.E. Dr Amira El Fadil, focussed on the theme of the session, the implementation by the Commission of the decisions of the previous session of the STC and priorities for health, population and drug control over the next four years. Among others the Commissioner shared her vision for improving the nutrition status on the continent and called upon Member States to expand treatment facilities for young people who use drugs.

### AGENDA ITEM 2: PROCEDURAL MATTERS

6. In conformity with the AU Constitutive Act for composition of the STC and following due consultations amongst Member States, the Bureau of the STC-HPDC-2 was elected as follows:

Chairperson	Sierra Leone – West Africa
1st Vice-Chairperson	Cameroon – Central Africa
2nd Vice-President	Mauritania – North Africa
3rd Vice-Chairperson	Kenya - East Africa
Rapporteur	Zimbabwe – Southern Africa

7. The Ministers adopted the agenda and programme of work for their meeting. In the absence of the Minister from Sierra Leone, the Minister of Health of Guinea. Hon. Abdourahmane Diallo, chaired the meeting.

<b>AGENDA ITEM 3: BRIEFING BY THE DIRECTOR OF THE AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION</b>
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8. The Director of the Africa CDC Dr John Nkengasong presented the 5-year Strategic Plan highlighting the five functional pillars namely Surveillance and Disease Intelligence; Information Systems; Laboratory Systems and Networks; Preparedness and Response and Public Health Research. Furthermore, he presented the areas of focus in the next 2 and 5 years respectively, factors needed to ensure that the pillars are implemented, and proposed budgets and funding mechanisms. The Director emphasized the need to ensure that the Africa CDC was fully functional in order for the Agenda 2063 Aspiration 1 / Goal 3 of healthy and well- nourished citizens to be attained. He also alluded to the Ebola outbreak in West Africa which revealed a need for improved disease surveillance and public health institutes order to achieve social and economic security on the Continent. Additionally, he highlighted that the Africa CDC aims to support all Members States in improving the surveillance, emergency preparedness and response, and laboratory systems. He briefed the meeting on the Africa CDC operating model which is anchored on Regional Collaborating Centres and National Public Health Institutes in each African country. He further outlined the priority activities to be implemented in the immediate, medium and long term and the proposed budget. He also outlined the key relationships with partners at various levels for the implementation of the Africa CDC's mandate and for resource mobilization.

9. Following discussion, the Ministers:

- i) Reaffirmed the decision of the STC at its First Session that 0.5% of the AU annual operational budget be allocated to the Africa CDC and requested the relevant Policy organs of the Union including the Executive Council to give effect to the decision. Also requested the Commission to ensure that the implementation commences as soon as possible;
- ii) Expressed appreciation to Kenya for making voluntary donation of US\$1million and urged other Member States to make voluntary contribution to the Africa CDC;
- iii) Encouraged all Member States to establish National Public Health Institutes (NPHI). The 18 countries that have established NPHI, to

strengthen and link them to the Africa CDC Regional Collaborating Centres in Addis Ababa;

- iv) Recommended to the Assembly a Declaration on Accelerating the Implementation of the International Health Regulations (IHR) in Africa. The draft Declaration is attached to this report.

#### **AGENDA ITEM 4: MINISTERIAL PANEL DISCUSSION**

##### **AGENDA ITEM 4.1: MINISTERIAL DISCUSSION ON THE THEME, “YOUTH, HEALTH AND DEVELOPMENT: OVERCOMING THE CHALLENGES TOWARDS HARNESSING THE DEMOGRAPHIC DIVIDEND”**

**10.** A panel moderated by the United Nations Population Fund (UNFPA), and composed of Ministers from South Africa and Zimbabwe and Technical Experts from Rwanda, Tunisia, discussed issues related to the theme of the meeting.

**11.** The Ministers and experts highlighted on the importance of education and keeping children in school leveraging on Information Communication Technologies as the best area from which to reap significant amount of demographic dividend. They emphasized that keeping the girl child in school significantly, contributes to a reduction in teenage pregnancies and associated maternal mortality, a reduction in school dropouts and HIV infection among youths. Implementing school feeding programmes with food fortification to overcome stunting is important.

**12.** The following recommendations emerged from the plenary discussion:

- i) Cross-sectoral coordination across relevant line ministries to develop and deliver on targeted and integrated policies for young people that cut across the health and nutrition , education, youth and culture, labour and employment sectors so that Africa can reap the demographic dividend;
- ii) Keeping young people in school and providing life-planning skills that include comprehensive sexuality education empowers young people;
- iii) Updating school curricula to make education more relevant to the labour market and to promote innovation, entrepreneurship and industrialization;
- iv) To pay attention to drug use among young people and its effects including on their mental health and the need for treatment and rehabilitation;
- v) To address conflicting youth policies specifically with regards to raising the minimum age for marriage;
- vi) The need to ensure linkages between the Addis Ababa Declaration on Population and Development (AADPD) and national demographic dividend strategies.

##### **AGENDA ITEM 4.2: THE WAY FORWARD AFTER THE UNGASS ON THE WORLD DRUG PROBLEM**

**13.** Republic of South Africa Deputy Minister of Social Development, Hon. Hendrietta Bogopane-Zulu briefed the meeting on the Common Africa Position (CAP) presented to the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem in 2016. The CAP addresses integrated and balanced responses to drug control. Although the UNGASS fell short of Africa's expectations, it was a critical moment for global drug policy reform.

**14.** UNODC Deputy Executive Director and Director, Division of Operations, Mr Aldo Lale-Demoz highlighted the complementarity between the Sustainable Development Goals (SDG3.5) and the African Union's Agenda 2063 which both identify the detrimental impact of drug use on prosperity and development.

**15.** Following the panel discussion, the Ministers made the following recommendations:

- i) The African Union Plan of Action on Drug Control (2013-2017) to be extended to 2019 incorporating the UNGASS 2016 Outcome document and the Common African Position;
- ii) Requested the African Union Commission to form seven working groups along the thematic areas of the UNGASS Outcome Document to evaluate implementation ahead of the 2019 Political Declaration to provide an honest assessment of global drug control failures and its negative impacts on health, security, human rights and poverty.
- iii) The African Union to align outcomes of the 2019 Political Declaration to the AU Plan of Action on Drug Control, including AU Agenda 2063 and 2030 SDG targets;
- iv) Member States to respect Justice for Children: by decriminalizing status offences and minor drug offences for children and youth; introducing alternatives to prosecution and imprisonment for children and youth;
- v) Member States to invest in development of life skills programmes including sports activities to build resilience of at risk youth as a safeguard against crime, violence and substance use.

<b>AGENDA ITEM 5: CONSIDERATION OF THE REPORT OF THE MEETING OF EXPERTS OF THE STC-HPDC-2</b>
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**16.** The Ministers adopted the report of the Experts and their recommendations with comments and edits, with the key decisions listed below:

**I. SECTORIAL SESSION OUTCOMES – HEALTH**

<b>Luanda Commitment: Briefing on the milestones towards the setting up of the African Medicines Agency (AMA)</b>
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**17.** The Ministers endorsed the following recommendations:

- i) To conduct one more round of continental consultations on the Draft Treaty and implementation of the milestones towards the establishment of the AMA;
- ii) The Commission to submit the draft Treaty to a meeting of the Ministers of Health, as a Working Group of the STC-HPDC-2 for onward transmission to the STC on Justice Legal Affairs;
- iii) The Secretariat – AUC, NEPAD Agency and WHO - with the support of other partners to fast track the implementation of the milestones;

### **Human Resources for Health: Briefing on opportunities and challenges**

**18.** The Ministers endorsed the following recommendations:

- i) Countries should scale up the demand creation, investments and delivery of health care in line with the 90-90-90 strategy;
- ii) AUC, UNAIDS and Partners should provide further analyses of the Two Million Community Health Workers Initiative including cost estimates of training and sustaining one million Community Health Workers in Africa, the projected health, labour and economic benefits, and the investment case for financing the Initiative from AU Member States governments and the major donors and ensure the involvement of the private sector for a sustainable response;
- iii) AUC, UNAIDS and Partners should explore the idea of creation of an international platform or mechanism to galvanise the establishment of national associations of CHWs, support harmonization and formalization of the CHW cadre, advocate for and negotiate actions that support the CHWs, and provide a unifying platform for CHWs;
- iv) To scale up the first 90, countries should simplify testing, make it community based and remove stigma;
- v) The Community Health Workers strategy should always be anchored on the sustainability plan.

### **Proposal for the establishment of a fund for Financing for African Pharmaceutical Development**

**19.** The Ministers endorsed the following recommendations on the establishment of a Fund for African Pharmaceutical Development (FAP-D):

- i) Commit to increase and prioritize innovative procurement of medical products manufactured within Africa and to participate in the design and implementation of other forms of incentives to accelerate attainment of the objectives of the Pharmaceutical Manufacturing Plan for Africa (PMPA);

- ii) The Commission and NEPAD Agency to establish a technical working group to define the modalities, scope of work, legal and institutional implications of a Fund for African Pharmaceutical Development (FAP-D) and AUC to seek support of the Specialized Technical Committee (STC) on Finance, Monetary Affairs, Economic Planning and Integration; and the STC on Trade, Minerals and Industry for the establishment, funding and implementation of the Fund.

### **Consideration of 2017 MNCH Status Report**

#### **20. The Ministers:**

- i) Endorsed the 2017 MNCH Status Report with the incorporation of the STC-HPDC-2 comments and amendments;
- ii) Encouraged Member States to improve human resources for health including skilled birth attendants, to include an integrated approach that sustainably institutionalizes appropriate use of community health workers;
- iii) Called upon Member States to intensify implementation of AU health policy instruments such as the African Health Strategy, among others.

### **Presentation of the AU Scorecard on Domestic Financing for Health**

**21.** Ministers noted that the Africa Scorecard on Domestic Financing for Health was created to evaluate efficacy and judicious expenditure of Africa's domestic and international financing for health. They also noted that the Scorecard is an advocacy tool for each country's self-assessment.

#### **22. The Ministers endorsed the following recommendations:**

- i) The need to tap into macroeconomic conditions (GDP growth) combined with greater domestic revenue mobilization (improved tax administration, tax policy reforms) and prioritize health within the government budget;
- ii) Countries should consider, earmarking taxes for health and sector specific resources;
- iii) Countries should continue to mobilize Official Development Assistance (ODA) including aid and debt relief and improve efficiency improvements in health, which decrease the resources required;
- iv) In the context of multi-sectoral approach, countries should consider increasing private sector involvement and facilitate Public-Private Partnerships;
- v) AUC should develop an indicator to measure efficiency and value for money invested.



## II. NUTRITION

### **Sustainable School Feeding and Nutrition Initiative implications for harnessing Africa's Demographic Dividend**

23. The Ministers endorsed the following recommendations:

- i) The SSFNI initiative be adopted as a strategic programme towards the implementation the Africa Regional Nutrition Strategy (2015-2025), and the fulfilment of the Malabo Declaration [Assembly/AU/Dec.490-516 (XXII)] 2014 to improve nutritional status, and in particular, the elimination of child under-nutrition in Africa with a view to bringing down stunting to 10 % and underweight to 5% by 2025;
- ii) In this context, the Commission is requested to revive the Africa's Renewed Initiative for Stunting Elimination (ARISE) campaign which aims at achieving the mentioned targets by 2025;
- iii) Recalling Assembly/AU/Dec.589XXVI) Member States to work with FAO and relevant partners and all other stakeholders in the implementation of Sustainable School Food and Nutrition Initiative and to regularly report back to the Assembly on the progress of its implementation.

### **Briefing on the 9th Meeting of the African Task Force on Food, Nutrition and Development**

24. The Ministers welcomed the decision of the Assembly to extend till 2019 the mandate of His Majesty King Letsie III of the Kingdom of Lesotho as the AU Nutrition Champion and endorsed the 3- year work plan for the implementation of the African Regional Nutrition Strategy (2015-2025).

25. The Ministers endorsed the following recommendations:

- i) The Commission develops a Work Plan in consultation with the Nutrition Champion and report biennially on its implementation;
- ii) The 3- year Work Plan for the implementation of the African Regional Nutrition Strategy (2015-2025);
- iii) That the Commission presents a Report on progress on the implementation of the African Regional Nutrition Strategy Work Plan (2017-2020) and the Cost of Hunger in Africa studies (COHA) to the next meeting of the STC.

## III. SECTORIAL SESSION OUTCOMES – POPULATION

### **Election of APEC Bureau members**

26. Subject to the revision of the Terms of Reference for the African Population Experts Committee (APEC), the election of the APEC members was postponed and the interim bureau of APEC to continue until elections are held:

Chairperson from Southern Africa	South Africa
Coordinator for East Africa	Kenya
Coordinator for Central Africa	Congo
Coordinator for West Africa	Burkina Faso
Coordinator for North Africa	Algeria

### **Endorsement of Terms of Reference of APEC**

27. The Ministers endorsed:

- i) The Commission to revise the Terms of Reference for the African Population Experts Committee (APEC) and share with the APEC Members at their next meeting;
- ii) The establishment of a Working Group of Ministers in Charge of Population as a body of the STC-HPDC.

### **Operational Guide and Monitoring Framework of the Addis Ababa Declaration on Population and Development**

28. The Ministers endorsed:

- i) The Operational Guide and Monitoring and Evaluation Framework for the Addis Ababa Declaration on Population and Development (AADPD) and its matrix of indicators for use by AU Member States in reporting on the state of implementation of the AADPD beyond 2014 and call on the UN System to support countries to build the capacity to generate, collect and analyze data for this purpose;
- ii) The holding of a special session of Ministers of all relevant sectors crucial to the population and development agenda to be held in the last quarter of 2018, in order to review progress on the implementation of the AADPD and make recommendations for its further implementation as well as for its contribution to relevant global review processes.

### **2017 State of the African Population Report**

29. The Ministers endorsed:

- i) The 2017 State of the African Population Report with the incorporation of the STC-HPDC-2 comments and amendments;

### **CPD at 50 under the theme “Changing Population Age Structure and Sustainable Development**

30. The Ministers Endorsed:

- i) The Common Africa Position on the Key Messages for the 50th session of the Commission on Population and Development (CPD);
- ii) An extraordinary session for the APEC members be held before the 50th Session of the Commission on Population and Development (CPD) on 2 April in New York to have a strong collaboration with the Africa Group and kindly requests members states to ensure representation from capitals.

#### **IV. SECTORIAL SESSION OUTCOMES – DRUG CONTROL**

##### **Consideration of the Implementation Report of the AU Plan of Action on Drug Control (2013-2017) and Investment in National Drug Responses with Adequate Budget Allocation**

**31.** The Ministers endorsed the following investments to be made for a balanced and integrated approach at the policy, strategic, and implementation level:

- i) To consider and treat drug use disorders as any other health condition;
- ii) To develop and adopt national drug policies fully, respect human rights, protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole, in accordance with UNGASS Outcome 2016;
- iii) To ensure that people who use drugs are not punished but are provided with access to treatment and psychosocial services; ( some ministers were of the opinion that not punishing drug users will go against their current national legislation, while other ministers agreed that drug users should first be offered the opportunity for treatment.);
- iv) To recognize the special risky conditions that young women and girls face regarding drug use, HIV and violence and their special vulnerabilities to engage in drug use;
- v) To strengthen the education and health sectors, including mental health, which are effective protective safety nets, especially for young people;
- vi) To develop and adopt the appropriate legislation for harm reduction and recognize that harm reduction is a component of an overall drug strategy, together with prevention, treatment and rehabilitation;
- vii) To recognize that imprisonment for drug users do not reform them but it rather perpetuates criminal activities and therefore to consider reforming the penal code and legislation;
- viii) Not to put all PWUD in the same basket as regards to their treatment needs. To overcome the psychological barrier that all treatment has to be done as residential. It is entirely possible and feasible to offer treatment on an outpatient basis;

- ix) To broaden the prevention workforce in Africa by training health care and other relevant professionals and infuse drug use prevention in core curricula of Law Enforcement, nurses training institutions, and for the workers in the care economy (“purple economy”).

## **Research**

- x) To invest in building a robust National Drug Observatory to generate strategic information;
- xi) To support epidemiological networks to enable monitoring drug related trends.

## **Funding**

- xii) To establish and tap into a Private Sector Corporate Social Responsibility Tax to support drug use prevention and treatment activities;
- xiii) To reallocate a percentage of tax on tobacco and alcohol (“Sin Tax”) for prevention and treatment;
- xiv) To allocate a proportion of fines collected from drug traffickers for drug prevention and treatment services;
- xv) To consider funding for civil society organizations and others involved in drug prevention and treatment by ‘crowd-funding’ seeking funds from many donors, including via the internet.

**32.** On recommendations in sub-paragraphs iii & vii above, some delegations expressed the view that the recommendations are inconsistent with their national legislation, while others were of the view that drug users should first be offered the opportunity for treatment. Moreover, the recommendations reflect the gaps in the current implementation of drug control policies.

<b>AGENDA ITEM 6: DATE AND VENUE OF THE 3RD MEETING OF SPECIALISED TECHNICAL COMMITTEE MEETING ON HEALTH, POPULATION AND DRUG CONTROL</b>
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**33.** The meeting called upon Member States to consult with their capitals and inform the AUC of the offer to host. Alternatively the next meeting of the STC will take place in Addis Ababa.

<b>AGENDA ITEM 7: ANY OTHER BUSINESS</b>
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**34.** No items were listed under Any Other Business.

<b>AGENDA ITEM 8: CLOSING</b>
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**35.** The Commissioner for Social Affairs, AUC, H.E. Dr Amira El Fadil highlighted the key outcomes of the meeting and noted that she will support the relevant divisions to implement the ministerial decisions.

**36.** The Chairperson of the STC-HPDC-2, thanked the meeting for their constructive contributions and the AUC for its secretarial support.

**DRAFT**  
**DECLARATION ON ACCELERATING IMPLEMENTATION OF**  
**INTERNATIONAL HEALTH REGULATIONS IN AFRICA**  
**Doc. EX.CL/1025(XXXI)**

**We, the Heads of State and Government meeting in Addis Ababa, Ethiopia at the 29th Ordinary Session of African Union Assembly from 3 to 4 July 2017;**

**DEEPLY CONCERNED** about the increasing public health events and recurrent epidemics on our continent and their huge socio-economic impact, as well as the inadequate implementation of the International Health regulations (IHR);

**NOTING** the progress made so far in improving the health security of Africa in general and in particular controlling the Ebola outbreak in West Africa as well as ongoing efforts in tackling Yellow Fever, Zika, Chikungunya, Cholera among others;

**MINDFUL** of the efforts being made by the Africa Centres for Disease Control and Prevention (Africa CDC) in disease surveillance, detection and response including emergency preparedness, as well as its important role in further strengthening the International Health Regulations (IHR) on our continent;

**MINDFUL ALSO** of the important role being played by the World Health Organization (WHO), the African Union Commission (AUC) and other stakeholders in the improvement of Health security in Africa;

**RECOGNIZING** that a fundamental part of the governments' basic duty is to protect its citizens against health insecurity, risks and emergencies and **CONSIDERING** the importance of meeting IHR core capacities in disease outbreak prevention, preparedness and response.

**COMMIT to:**

1. Accelerate the implementation of IHR at national, provincial and local levels with a clear road map and monitoring mechanisms;
2. Put in place multi-sectorial mechanisms to accelerate the implementation of IHR;
3. Mobilize the necessary resources to implement the road maps for acceleration of implementation of IHR.

**REQUEST the Commission, WHO, Africa CDC and other stakeholders to:**

1. Provide the necessary technical support to Member States for accelerating the implementation of IHR;

2. Monitor and report the implementation of IHR within the context of the framework for collaboration between WHO and AUC on the establishment and operationalization of Africa CDC to improve health security in Africa;
3. Submit biennial report of the implementation of IHR at the Assembly.

2017

# Rapport de la 2ème Réunion du Comité Technique Spécialise sur la Santé, la Population et le Controle des Drogues (STC-HPDC-2) Addis-Abeba, Éthiopie, 20-24 mars 2017

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